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(Original Signature of Member)

113TH CONGRESS
2D SESSION

H. R. _____

To prioritize funding for the National Institutes of Health to discover treatments and cures, to maintain global leadership in medical innovation, and to restore the purchasing power the NIH had after the historic doubling campaign that ended in fiscal year 2003.

IN THE HOUSE OF REPRESENTATIVES

Ms. DELAURO introduced the following bill; which was referred to the
Committee on _____

A BILL

To prioritize funding for the National Institutes of Health to discover treatments and cures, to maintain global leadership in medical innovation, and to restore the purchasing power the NIH had after the historic doubling campaign that ended in fiscal year 2003.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Accelerating Bio-
5 medical Research Act”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The National Institutes of Health (referred
4 to in this section as the “NIH”) is the leading bio-
5 medical research entity in the world. It supports re-
6 searchers in every State as they discover treatments
7 and cures to prevent and reduce human suffering.
8 Thanks in large part to NIH-funded medical re-
9 search, Americans today are living longer and
10 healthier. Life expectancy in the United States has
11 jumped from 47 years in 1900 to 78 years in 2009,
12 and disability in people over age 65 has dropped
13 dramatically in the past 3 decades.

14 (2) Over the past 40 years, NIH-supported re-
15 search contributed to the discovery of 153 new Food
16 and Drug Administration-approved drugs, vaccines,
17 or new indications for current drugs.

18 (3) The application success rate is now at an
19 all-time low. From 1980 to 2003, the last year of
20 the doubling, the grant application success rate
21 ranged between 25 and 35 percent. By 2013, the
22 grant success rate had fallen to 16.8 percent.

23 (4) Recent Federal funding cuts threaten to di-
24 minish United States leadership in the world. The
25 international community has recognized the role bio-
26 medical research plays in generating economic

1 growth. England, China, Brazil, South Korea, India,
2 Singapore, Germany, France and Japan are increas-
3 ing their investment, despite the worldwide reces-
4 sion. Only the United States has decreased its in-
5 vestment, from 0.215 percent of Gross Domestic
6 Product in 2003 (the last year of the doubling) to
7 0.174 percent in 2013. In 8 years, if current trends
8 continue, China will surpass the United States in
9 total government biomedical research investment.

10 (5) NIH is vital to the United States economy.
11 In fiscal year 2012, the NIH extramural program
12 supported around 50,000 competitive research
13 grants and 300,000 scientists and research per-
14 sonnel at more than 2,500 universities, medical
15 schools, and other research institutions across our
16 50 States.

17 (6) Economists have estimated the return on
18 each dollar of investment in NIH to generate any-
19 where from \$1.80 to \$3.20 in economic output. The
20 Federal investment of \$3,800,000,000 in the Human
21 Genome Project from 1988 to 2003 helped drive
22 \$796,000,000,000 in economic output, which is a re-
23 turn of \$141 for every \$1 invested.

24 (7) In 2013, sales of products built around li-
25 censed NIH and Food and Drug Administration in-

1 ventions included 358 licensees reporting a total of
2 \$7,000,000,000 in sales.

3 (8) The historic doubling of Federal funding for
4 the National Institutes of Health ended in fiscal
5 year 2003. Since that time, NIH appropriations
6 have not kept up with biomedical inflation. NIH has
7 lost more than 20 percent of its purchasing power
8 for medical research since 2003.

9 (9) If NIH had kept up with biomedical infla-
10 tion, NIH's appropriation would have totaled
11 \$37,000,000,000 in 2013, instead of the
12 \$28,900,000,000 that was actually appropriated, a
13 loss of \$8,100,000,000 or 28 percent. To restore
14 funding to the 2003 post-doubling level would re-
15 quire Congress to appropriate \$46,500,000,000 in
16 fiscal year 2021, the final year of the Budget Con-
17 trol Act of 2011 (Public Law 112-25).

18 (10) High health care costs from a variety of
19 common conditions threaten Federal, State, and
20 local budgets, as well as the budgets of American
21 families. Recent estimates indicate that the economic
22 costs of Alzheimer's disease is over
23 \$200,000,000,000 each year but will rise to over
24 \$1,000,000,000,000 by 2050 unless a prevention or
25 cure is found. In 2006, economists found that a fu-

1 ture 1 percent reduction in mortality rates from can-
2 cer would save \$500,000,000,000 to current and fu-
3 ture Americans. A cure for cancer was estimated to
4 save \$50,000,000,000,000 to Americans, more than
5 3 times the gross domestic product of the United
6 States in 2012. The Centers for Disease Control and
7 Prevention reports that annual costs from
8 undiagnosed diabetes was \$245,000,000,000 each
9 year. And a recent study projects that by 2030,
10 nearly 44 percent of the United States population
11 will face some form of cardiovascular disease costing
12 a total of \$1,208,000,000,000 between 2012 and
13 2030.

14 (11) Budget cap adjustments are how Congress
15 traditionally prioritizes areas of spending that
16 produce economic growth and reduce costs that con-
17 tribute to the Federal debt.

18 **SEC. 3. CAP ADJUSTMENT.**

19 Section 251(b)(2) of the Balanced Budget and Emer-
20 gency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2))
21 is amended—

22 (1) by redesignating subparagraph (D) as sub-
23 paragraph (E); and

24 (2) by inserting after subparagraph (C), the fol-
25 lowing:

1 “(D) NATIONAL INSTITUTES OF
2 HEALTH.—

3 “(i) IN GENERAL.—If a bill or joint
4 resolution making appropriations for a fis-
5 cal year is enacted that specifies amounts
6 for the National Institutes of Health at the
7 Department of Health and Human Serv-
8 ices (75–9915–1–1–552), then the adjust-
9 ments for that fiscal year shall be the
10 amount of additional new budget authority
11 provided in that Act for such programs for
12 that fiscal year, but shall not exceed—

13 “(I) for fiscal year 2015,
14 \$3,000,000,000 in additional new
15 budget authority;

16 “(II) for fiscal year 2016,
17 \$6,300,000,000 in additional new
18 budget authority;

19 “(III) for fiscal year 2017,
20 \$8,100,000,000 in additional new
21 budget authority;

22 “(IV) for fiscal year 2018,
23 \$10,000,000,000 in additional new
24 budget authority;

1 “(V) for fiscal year 2019,
2 \$12,000,000,000 in additional new
3 budget authority;

4 “(VI) for fiscal year 2020,
5 \$14,100,000,000 in additional new
6 budget authority; and

7 “(VII) for fiscal year 2021,
8 \$16,300,000,000 in additional new
9 budget authority.

10 “(ii) DEFINITIONS.—As used in this
11 subparagraph:

12 “(I) ADDITIONAL NEW BUDGET
13 AUTHORITY.—The term ‘additional
14 new budget authority’ means the
15 amount provided for a fiscal year, in
16 excess of \$29,926,104,000, in an ap-
17 propriation Act and specified to sup-
18 port the National Institutes of Health.

19 “(II) NATIONAL INSTITUTES OF
20 HEALTH.—The term ‘National Insti-
21 tutes of Health’ means the appropria-
22 tions accounts that support the var-
23 ious institutes, offices, and centers
24 that make up the National Institutes
25 of Health.”.